



## Calendar Year 2005 Benefits Comparison – Retirees Under Age 65



### Hanford Employee Welfare Trust (HEWT)

BENEFITS	 <b>GroupHealth COOPERATIVE HMO</b>	 <b>GroupHealth OPTIONS, INC. “Options” Point of Service</b>	<b>UnitedHealthcare PPO Medical Plan For Retirees Not Eligible for Medicare (Under Age 65)</b>
<b><u>Annual Out-of-Pocket Maximum</u></b>	\$2,000/\$6,000	In Network: \$2,000/\$6,000 Out-of-Network: \$6,000/\$18,000	In Network \$2,000/person Out-of-Network: \$4,000/person
<b><u>Deductible</u></b>	In Network \$200/\$600 Out-of-Network Not Applicable	In Network \$200/\$600 Out-of-Network \$400/\$1,200	In Network \$400/person Out-of-Network \$600/person
<b><u>Co-insurance</u></b>	In Network* 80% / 20% Co-ins. Out-of-Network <i>Not Applicable</i>	In Network 80 / 20% Co-ins. Out-of-Network 60 / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60 / 40% Co-ins.
<b><u>Office Visit/Urgent Care</u></b>	80% / 20% Co-insurance	In Network 80% / 20% Co-ins. Out-of-Network: 60% / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Preventive care</u></b>	Covered in Full Not subject to deductible	In Network Covered in Full Out-of-Network Not covered <i>Not subject to Deductible</i>	In Network <b>100% Some Services</b> Out-of-Network <b>60% / 40% Co-ins.</b>
<b><u>Lab &amp; X-Ray Services</u></b>	80% / 20% Co-insurance	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Chiropractic Care</u></b>	80% / 20% Co-insurance 10 visit limit	In Network 80% / 20% Co-ins. Out-of-Network \$5 Co-pay & 60/40% Co-ins. 10 visit limit Per Year	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins. 20 visit limit Per Year
<b><u>Prescription Drugs</u></b>	\$15 Generic/\$30 Brand 30-day Supply  <b><u>Mail Order</u></b> \$30 Generic/\$60 Brand 90-day Supply Subject to Formulary (not subject to Deductible)	In Network \$15 Generic/\$30 Brand 30-day Supply  <b><u>Mail Order</u></b> \$30 Generic/\$60 Brand 90-day Supply and Subject to Formulary Out-of-Network <b>\$20 Generic/\$35 Brand</b> 30-day Supply (not subject to Deductible)	<b>(Provided by Express Scripts, Inc.)</b> <b><u>Retail:</u></b> (up to a 30-day Supply): Generic \$7 Co-pay Brand Name Preferred \$25 Co-pay Brand, Non-preferred \$40 Co-pay  <b><u>Mail Order</u></b> (up to 90-day Supply) Generic \$14 Co-pay Brand Name Preferred \$50 Co-pay Brand, Non-preferred \$80 Co-pay



\*85% or 60% indicates amount covered by the insurance company according to the contract that is considered reasonable and customary; 20% or 40% indicates amount covered by claimant.

*Note: Deductibles apply to all services unless otherwise noted or plan does not have deductible. This is a brief comparison only, not the contract. For more detailed information please refer to the summary of benefits or contract.*

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<b>BENEFITS</b>			<b>UnitedHealthcare PPO Medical Plan For Retirees Not Eligible for Medicare (Under Age 65)</b>
<b><u>Inpatient Hospital</u></b>	80% / 20% Co-insurance	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.	\$250 Co-pay plus: In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Outpatient Hospital</u></b>	80% / 20% Co-insurance	In Network 80% / 20% Co-ins. Out-of-Network \$5 Co-pay & 60% / 40% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Emergency Care</u></b>	In area: \$75 / 20% & Deductible Out-of-area: \$125 / 20% & Deductible	In area: \$75 / 20% & Deductible Out-of-area: \$125 / 40% & Deductible	<b><u>In and Out-of-Network:</u></b> \$100 per visit Co-pay, plus applicable 80% / 20% Co-ins. (In Network) or 60% / 40% Co-ins. (Out-of-Network).
<b><u>Ambulance</u></b>	80% / 20% Co-insurance (not subject to deductible)	In Network 80% / 20% Co-ins. Out-of-Network 80% / 20% Co-ins. (not subject to Deductible)	<b><u>In and Out-of-Network:</u></b> Emergency: 80% / 20% Co-ins. Non-emergency: 60% / 40% Co-ins.
<b><u>Durable Medical Equipment &amp; Supplies</u></b>	80% / 20% Co-insurance (not subject to deductible)	In Network 80% / 20% Co-ins. (not subject to Deductible) Out-of-Network 80% / 20% Co-ins.	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.
<b><u>Rehabilitation Services</u></b>	<u>Outpatient:</u> \$10 Co-pay 60 visits per condition per year  <u>Inpatient:</u> \$100 Co-pay, maximum 3 days per admission 60 days per condition per year	<u>In Network:</u> <u>Outpatient:</u> 80% / 20% Co-ins. 60 visits per condition per year <u>Inpatient:</u> 80% / 20% Co-ins. 60 days per condition per year  <u>Out-of-Network:</u> <u>Outpatient:</u> \$5 Co-pay & 60% / 40% Co-ins.; 60 visits per condition per year <u>Inpatient:</u> 60% / 40% Co-ins.; 60 days per condition per year	In Network 80% / 20% Co-ins. Out-of-Network 60% / 40% Co-ins.  Limited to 30 total visits per year for physical, occupational and speech therapy; and 20 total visits for pulmonary and cardiac rehabilitation therapy.

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<b><u>Mental Health Services</u></b> <b><u>Outpatient</u></b>	\$30 individual/\$30 group 20 visit limit	<u>In Network</u> \$30 individual/\$20 group 20 visit limit  <u>Out-of-Network</u> 50% Co-insurance 20 visit limit	<u>In Network</u> \$15 individual visit/ \$5 per group visit  <u>Out-of-Network:</u> 50% of covered charges
-----  <b><u>Inpatient</u></b>	80% / 20% Co-insurance up to 12 days	<u>In Network</u> 80% / 20% Co-insurance up to 12 days  <u>Out of Network:</u> 80%/20% Co-insurance up to 12 days	<u>In Network</u> 0% Co-insurance  <u>Out-of-Network</u> Mental Health: 60/40% Co-insurance Substance Abuse: 50%
<b><u>Chemical Dependency</u></b>	80/20% Co-insurance	In Network 80% / 20% Co-ins. Out-of-Network Co-pay & 60/40% Co-insurance	<u>See above.</u>
<b><u>Vision Exam</u></b>	\$10 Co-pay Once every 12 months	In Network Covered in full Once every 12 months Not subject to Deductible  Out-of-Network: Not covered.	Not covered.
<b><u>Optical Hardware</u></b>	Not covered.	Not covered.	Not covered.

**Note:**

*This document is intended only to provide a general comparison of the major provisions of the three medical plans offered in Calendar Year 2005 to retirees under age 65 and their eligible dependents. It is not the Plan contract. It is provided as a tool to help retirees review their medical plan options. For details of the plans, consult the applicable Summary Plan Description or Certificate of Coverage, or contact Group Health Cooperative or UnitedHealthcare directly.*